CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Frederick D. Busche			Docket No. RSW920000174US1
Serial No. 09/879,491	Filing Date 06/12/2001	Examiner Dauiel Lastra	Group Art Unit 3622
nvention: METHOD ANI EOGRAPHY	D SYSTEM FOR PREDICTIN	G CUSTOMER BEHAVIOR	BASED ON DATA NETWORK RECEIVED CENTRAL FAX CENTER
			JUL 2 2 2005
I hereby certify that this s being facsimile transmitte	Auth. to Act in Represent	ative Capacity, Change of Cor (Identify type of correspondence) and Trademark Office (Fax.)	
on 07/2405		(
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		Colleen Bu (Typed or Printed Name of Pers	ilman on Signing Certificate)
		College B. (Signature	lme
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P.01/02

	·			Sample Form (03-0			
	AUTHORIZATION TO ACT IN A	REPRESEN	TATIVE (CAPACITY			
In re App	lication of: Frederick D. Busche						
Application							
Filed:	06/21/2001						
Title:	METHOD AND SYSTEM FOR PREDICTING CUSTOMER BEHAVIOR BASED ON DATA NETWORK GEOGRAPHY						
Attorney Docket No. RSW9200001740S1 Art Un			ii: ₃₆₂₂				
COE	e practitioner named below is authorized to conc ocerned. Furthermore, the practitioner is authori dication pursuant to 37 CFR 1,34: Name	tuct interviews a zed to file corre	spondence i	authority to bind the principal in the above-identified istration Number			
Duke Yee Yee & Associates, P.C. 4100 Alpha Road, Suite 1100 Dallas, TX 75244 US			34285				
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.							
	SIGNATURE of Prac	titioner of Recor	d				
Vame	Gregory M. Doudnikoff						
Signature	Jan m Jackeys.		Date	7/19/05			
lumber	23,847- 32, 847 _{Gm}		Telephone	919-254-1288			

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an CMS officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.